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CONFIRMATION NO. 7472

SERIAL NUMBER 09/992,708	FILING OR 371(c) DATE 11/19/2001 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 1023-011US01
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** CONTINUING DATA *****

none KOM

** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Krista Muller</i> Initials <i>KOM</i>				

ADDRESS

28863

TITLE

Internal medical device communication bus

FILING FEE RECEIVED 1834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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